

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

**10/562043**

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52	/					
3							53	/					
4							54	/					
5							55	/					
6							56	/					
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15	/						65						
16	/						66						
17	/						67						
18	/						68						
19	/						69	/					
20	/						70	/					
21							71	/					
22							72	/					
23							73	/					
24							74	/					
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35	/						85						
36	/						86						
37	/						87						
38	/						88						
39	/						89	/					
40	/						90	/					
41	/						91	/					
42	/						92	/					
43	/						93	/					
44	/						94	/					
45	/						95	/					
46	/						96	/					
47	/						97	/					
48	/						98	/					
49	/						99	/					
50	/						100	/					
TOTAL IND.	28	↓	28	↓		↓	TOTAL IND.		↓		↓		↓
TOTAL DEP.	30	←	50	←		←	TOTAL DEP.		←		←		←
TOTAL CLAIMS	58		78				TOTAL CLAIMS						

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**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101	/					
102	/					
103	/					
104	/					
105	/					
106	/					
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146						
147						
148						
149						
150						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
151						
152						
153						
154						
155						
156						
157						
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195						
196						
197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						